

YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE IF YOU WISH TO JOIN THE LAWSUIT

CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Kimberly Gilliam (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 8/2020 (month, year) to on or about 10/2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Kimberly Gilliam [Signature] 12/9/21
Full Name (Print clearly) Signature Date

305 Chanda Cove McDonough GA 30253
Address City/State/Zip

757609 5208
Telephone Number Email Address

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation
P.O. Box 26170
Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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CONSENT TO JOIN

My name is Abay Kennedy (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 02/2014 (month, year) to on or about 5/2018 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Abay Kennedy</u>	<u>abay Kennedy</u>	<u>12/08/2021</u>
Full Name (Print clearly)	Signature	Date
<hr/>		
<u>1343 S State ST Ste 228 SLC, UT 84115</u>	<u></u>	<u></u>
Address	City/State/Zip	
<hr/>		
<u>385-228-4525</u>	<u></u>	<u></u>
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is Brandi Triche (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about Sept. 2020 (month, year) to on or about Dec. 2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Brandi Elise Triche [Signature] 12/3/2021
Full Name (Print clearly) Signature Date

2936 Keith Way Dr. Harvey, LA 70058
Address City/State/Zip

504-266-4521 or 504-254-8387 evangelinesangel10@gmail.com
Telephone Number Email Address

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